



Pasco County Health Department Dietetic Internship

Pasco County Health Department Dietetic Internship Preceptor Application Form

PROFESSIONAL STAFF IN FACILITIES PROVIDING SUPERVISED PRACTICE:¹ FORM 2 For DT, CP, DI

Please complete a separate Form 2 for each individual, including department head, dietitians, and other professionals who are responsible for teaching, supervising, and evaluating students.

Name of Facility/Affiliation:

Address of Facility			
Name of Facility CEO			
Preceptor's Name			Title
Preceptor's Role	Primary ²	Secondary ³	Additional
Preceptor's Employment status at facility	Full-time		Part-time
Preceptor's Phone number including area code	()		
Preceptor's e-mail address ⁴			
Preceptor has the required regular access to the internet ⁴	Yes	No	
Preceptor's fax number	()		
Preceptor's Signature ⁵			Date
Degrees, Dates Awarded, Credentials (if applicable)			

Role in Program Specify role in the program; for example, the practicum experience or rotation.

Summary of Professional Work Experience List most recent experience first

¹
¹ For all facilities where students are placed for two weeks or more.

²Primary preceptors must assure that the intern can meet all of the required experiences, take responsibility for scheduling all learning experiences for the intern as submitted on the rotation schedule, serve as the primary communication link between PCHD's DI Coordinator, the facilities and other preceptors, and provide overall evaluation of student performance.

³Secondary preceptors must agree to assume the responsibility of the primary preceptor in the event that the primary preceptor cannot complete his/her responsibilities for the intern.

⁴Preceptors must have the ability to communicate electronically with program faculty and regular access to the internet.

⁵Note that the American Dietetic Association has established that "Students in supervised practice programs shall not routinely replace employees except for planned professional staff experiences." Accreditation/Approval Manual for Dietetic education Programs, Fourth Edition, Standards of Education - Criterion 4.7 Your signature on this form indicates that you agree to abide by this policy.

Preceptor's Name: _____

Summary of Relevant Continuing Education in the past two years (List most recent experiences first).
Summary of Professional Activities in the past three years - include membership and offices held in professional organizations, dietetic related volunteer activities, etc. (List most recent experiences first).